

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/510243**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		2		/		
6		2		/		
7		1		/		
8		1		/		
9		2		/		
10		1		/		
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TOTAL IND.			1			
TOTAL DEP.			16			
TOTAL CLAIMS			17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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